NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
MEDICAID PREFERRED DRUG LIST REVIEW PANEL MEETING

Tuesday, July 27, 2010, 2:00 p.m. – 6:00 p.m.

Jane S. McKimmon Center
NC State University
1101 Gorman Street
Raleigh, NC 27606

I. WELCOME AND INTRODUCTIONS

Dr. Lisa Weeks welcomed panel members and meeting attendees to the second N.C. Medicaid Preferred Drug List review panel meeting and thanked them for their interest in the PDL development process. The agenda includes reviewing more than 30 drug classes.

Panel members introduced themselves. Drs. Robert Rich and Paul Bush joined by telephone and Dr. Stefanie Ferreri joined at 3:00 p.m.

1. Dr. Cedric Bright, Representative from Old North State Medical Society
2. Dr. Beat Steiner, Representative from Physician Advisory Group Pharmacy and Therapeutics Committee
3. Dr. Theresa Flynn, Representative from North Carolina Pediatric Society
4. Dr. Lawrence Cutchin, Representative from Community Care of North Carolina
5. Dr. Paul Bush, Representative from Hospital-Based Pharmacy
6. Dr. Robert (Chuck) Rich, Representative from North Carolina Academy of Family Physicians
7. Dr. Stefanie Ferreri, Representative from North Carolina Association of Pharmacists

II. OVERVIEW OF PANEL ACTIVITIES AND PROCEDURES

Dr. Weeks provided an overview of the procedures for the meeting.

The panel will not review drug classes for which all drugs are considered preferred. The panel will only review those drug classes for which there are decisions to be made regarding preferred versus non-preferred status.

For each drug class review:

1. Registered speakers provided comments. Speakers provided their name, affiliation and disclosed any conflicts of interest before speaking. Speakers were to be mindful of the time limitations of this meeting. Dr. Weeks reserved the right to intervene in order to ensure the meeting continued to move forward in a timely manner.
2. Dr. Weeks provided a brief summary of the comments received through the DMA website during the 30-day comment period. The panel members received a copy of the public comments prior to the meeting.
3. Dr. Weeks provided a brief description of the proposed decisions for each drug class. An opportunity for discussion by the panel members followed. Panel members made a first and second motion to approve the proposal as is or with stated changes. Then

panel members voted on the proposal with recommended changes, if any. Panel members recused themselves if they had any conflicts of interests regarding specific drugs or drug classes.

III. DRUG CLASS REVIEWS

1. ORAL ANTIFUNGALS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 56% of the market share is with generic terbinafine and about 24% is with Gris-PEG. The proposed statuses support the use of generic medications and provide an additional brand, Gris-PEG, in addition to the generics.
- Discussion
    - Generic versus brand, not very controversial.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

2. SELECT ANTI-ARRYTHMICS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- 96% of the market share is with generic amiodarone. The proposed PDL statuses support the use of generics over brands.
- Discussion
    - Access to non-preferred drugs is through the one page drug request form.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

3. CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINE

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- More than 80% of the market share is with generics. The proposed PDL statuses support the use of generic medications over brands.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

4. TRIGLYCERIDE LOWERING PRODUCTS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 25% of the Medicaid market share is with gemfibrozil. Another 25% is with Tricor and 12% with Trilipix. More than 60% of the market share is with proposed preferred products. An additional 26% of recipients use Lovaza probably due to the exemption criteria. There is one clinical criteria related to this drug class which is the exemption of patients with triglycerides greater than 500 mg/dl for the use of Lovaza. This is a unique indication for this drug.
- Discussion
    - A comment was made that when treating triglycerides, physicians will also be treating cholesterol and there are dose limitations when combining a statin with

gemfibrizol. General education may be needed with this combination to ensure patients' safety. For Lovaza, when triglycerides are greater than 500 mg/dl, SmartPA does not capture lab data; therefore, this would be captured at the call center.

- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

5. SHORT-ACTING BETA ADRENERGICS, HANDHELDS

- One speaker registered to speak for this class.
  Dr. Mark Lepore, Teva (in support of ProAir HFA)
- Three comments were received during the 30-day comment period.
- More than 90% of the market share is with the two preferred medications. Currently this drug class requires prior authorization and the preferred products include the preferred products listed on the proposed PDL. As part of the PDL implementation, the current prior authorization criteria will be deleted and the prescriber can complete the standard drug request form for the non-preferred products.
- Discussion
  - A non-preferred product would require completion of the standard drug request form. Evidence-based literature was considered for differences between the preferred and non-preferred products.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

6. SHORT-ACTING BETA ADRENERGICS, NEBULIZERS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 80% of the market share is with generic albuterol sulfate nebulizer 2.5 mg solution. As with short-acting beta adrenergic handhelds, the prior authorization that is currently in place is likely the reason for the high market share. The current criteria will be deleted once the PDL is implemented. The prescriber can complete the standard drug request form for the non-preferred products. The proposal for the nebulizers includes an exemption for the use of Accuneb in patients less than two years of age because the strength of Accuneb is 1.25mg/3ml compared to 2.5mg/3ml in the preferred albuterol nebulizer solution.
- Discussion:
  - Concern was noted about patients being able to easily obtain Accuneb. Age can be identified through SmartPA, therefore prescriptions for Accuneb in children less than two years of age would automatically be approved.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

Note: Dr. Stefani Ferreri is now in attendance at the meeting and Dr. Paul Bush is no longer on the telephone.

7/8. INHALED CORTICOSTEROIDS AND COMBINATION PRODUCTS

The monotherapy inhaled corticosteroids and combination products were reviewed at the same time because both of these drug classes have the same proposed prior authorization criteria.

- Six speakers registered to speak for these drug classes:
  - Dr. Mark LePore, Teva Pharmaceuticals, Respiratory Clinical R&D (Consider QVAR as the preferred mono-inhaled corticosteroid).

- Lisa Johnson, RRT, Pitt County Memorial Hospital
  (Consider not limiting physicians to the one inhaled corticosteroid).
- Dr. Steven Kubicki, Capitol Pediatrics and Adolescent Center
  (Consider two options: an HFA actuated device and a breath actuated device or dry powder inhaler; also consider an inhaler with a dose counter).
- Dr. Michael Pritchett, Pinehurst Medical Clinic
  (Consider exemption to start with combination therapy)
- Dr. Phil Cates, GSK
  (Consider Flovent as preferred and Advair as initial therapy if warranted by disease severity.
- Dr. Katherine Kevill, Duke University Medical Center

- 22 comments were received during the 30-day comment period.
- A little over 50% of the comments were in support of QVAR as the preferred product in this drug class. The remaining comments expressed a mix of concerns.
- There were comments about the lack of availability of spacers for Medicaid recipients. To clarify, Medicaid recipients may obtain two spacers per year under the DME program.
- QVAR has about 17% of the market share. The proposed prior authorization criteria requires a 30-day trial and failure of QVAR. There are exemptions for use in patients stable on long-acting inhaled beta-agonist/steroid combinations for symptom control, COPD patients, children under six years old who need Pulmicort and children four to five years old who need Flovent. DMA is proposing a point-of-sale (POS) override when the prescriber writes "Meets PA Criteria" on the prescription when clinical criteria is met.
- Discussion
  - A comment was made to make decisions based on available evidence.
  - If a patient is stable on a combination product, instead of switching to QVAR for a month, the PA request form can be completed indicating that the patient is stable on the combination product.
  - If a patient requires a combination product initially due to asthma severity, the PA request form can be completed documenting the medical necessity of the combination product.
  - Include an additional exemption in the proposed criteria that if severity is indicated, combination therapy may be initiated.
  - Authorize a six-month transition period; therefore, if the patient could be stable on QVAR, it is not required to switch them today, but at their next follow up visit.
  - This drug class also allows the functionality where the prescriber can write on the prescription, "Meets PA Criteria". The pharmacist has the ability to override the preferred status at point-of-sale. This can also be incorporated into electronic prescribing.
  - Failure of any monotherapy inhaled corticosteroid will allow step up to combination product.
  - Increase educational efforts to prescribers on the use of the PA request form.
- First and second motions were made to approve the drug class with the following recommendations:
  - Build in a six-month transition period.
  - Allow exemption for patients whose condition is severe enough to warrant combination therapy.
  - Failure of any monotherapy inhaled corticosteroid will allow step up to combination product.
  - Increase educational efforts on the use of the PA request form.

- Vote: 7 in favor; 0 opposed

9/10. LEUKOTRIENE MODIFIERS AND LEUKOTRIENE FORMULATION INHIBITORS

The leukotriene modifiers and formulation inhibitors were reviewed at the same time. Both of these drug classes have the same proposed prior authorization criteria. All of the drugs within this drug class are preferred but with proposed prior authorization criteria related to the use of the products.

- Two speakers registered to speak for this drug class.
    - Dr. Gurvinder Deogun, Allergy Partners of Raleigh
    (Concerns regarding restrictions to Singulair)
    - Dr. Vicki Star, Merck
    (Consider amending the proposed PA criteria to include Singulair)
- 24 comments were received during the 30-day comment period.
- Singulair represents about 98% of the market share for this drug class. All the drugs in this drug class are preferred; therefore, this is a clinical criteria based proposal. The proposed prior authorization criteria for this drug class include criteria for three diagnoses: asthma, allergic rhinitis and exercise-induced bronchoconstriction in patients 15 years of age and older. This is another drug class for which DMA proposes to implement a POS override when "Meets PA Criteria" is written on the prescription.
- Discussion
    - A common comment from the public was that patients should be on Singulair because of the lack of time to teach the proper use of inhalers. Any child on Singulair for asthma should also be correctly educated on the use of rescue inhalers.
    - Singulair is an alternative therapy. There is a preferred therapy that is less expensive than the alternative therapy. A small subset of patients meet the special indications for Singulair and this is when the PA form can be utilized. A large majority of the patients, who do not require Singulair as a first line product, could use the less expensive medication.
    - The procedure for "Meets PA Criteria" override was discussed. When patients meet the PA criteria, the prescriber can write this on the prescription so the prior authorization can be overridden at point-of-sale. The hope is that physicians will be ethical when using this option. Since there is potential for abuse, CCNC will monitor the use of this override and report the prescribers who are outliers. These prescribers will then be educated regarding the appropriate use of this option. This will also apply to the other two drug classes (statins and inhaled corticosteroids) which allow "Meets PA Criteria" to be written on the prescription when clinical criteria are met.
    - Have a mechanism that allows feedback in real-time from providers. NC has a unique situation with CCNC and this organization could provide feedback from providers to DMA.
- First and second motions were made to approve the drug class with the following recommendations:
    - Build in a 6-month transition period.
    - Allow interactive, real-time feedback from providers possibly through CCNC practitioners, list serves, and interaction at meetings and/or open forums, when programs are implemented.
- Vote: 7 in favor; 0 opposed

11. COPD ANTICHOLINGERICS

- One speaker registered to speak for this drug class
  - Dr. Pam Hartman, Boehringer Ingelheim

  (Supports the PDL recommendation for Spiriva as a preferred product)
- No comments were received during the 30-day comment period.
- 80% of market share is with preferred products primarily with generic fluticasone. About 19% of market is with generic Duoneb. N.C. Board of Pharmacy approved the substitution of the individual products in Duoneb if prescriber writes for Duoneb.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

12. NASAL CORTICOSTEROIDS

- No registered speakers for this class.
- Three comments were received during the 30-day comment period.
- 88% market share is with preferred products primarily with generic fluticasone. The proposal supports generic use. There is an exemption for patients less than 4 years of age.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

13. LOW SEDATING ANTIHISTAMINES

- No registered speakers for this class.
- One comment was received during the 30-day comment period.
- About 78% of the market share is with the preferred products. Proposal supports use of OTC and generic products with the exceptions of OTC cetirizine chewable tablets, the generic prescription version of cetirzine syrup and generic fexofenadine are non-preferred. These non-preferred products make up about 15% of the market share.
- Discussion
  - If a prescription is written for cetirizine, a CMS rebatable over-the-counter cetirizine product could be dispensed. Coverage would include brand OTC Zyrtec if it were rebatable. Reimbursement to the pharmacy is the same if the pharmacy dispenses brand Zyrtec or generic ceterizine. It is less expensive to the pharmacy to dispense the generic over the brand.
  - In order for Medicaid to cover a drug, the manufacturer of the drug must have a rebate agreement with CMS. If there is not a rebate agreement, then the drug will not be covered by Medicaid.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

14. LOW SEDATING ANTIHISTAMINE COMBINATIONS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- The proposal will open coverage of the over-the-counter products in this drug class and make the prescription products non-preferred. The proposal also includes a quantity limit of 102-days supply (about a three-month supply) every 12 months to cover the allergy seasons.
- Discussion

- If a patient needs this product year round, the standard drug request form could be completed. The intent of the criteria is that the decongestants are not recommended to be used long-term.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

15. DECONGESTANT ANTIHISTAMINE COMBINATION

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- Vazotab and Vazobid are products that include brompheniramine maleate and phenylephrine hydrochloride. There are about 300 patients on Vazotab and about 1900 patients on Vazobid. Access for these products could be through the standard drug request form.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

16. SMOKING CESSATION PRODUCTS

- Five speakers registered to speak for this drug class.
  - Dr. A. Clark Gaither, Goldsboro Family Physicians
  - Dr. Thomas Brown, Wake Forest University
  - Dr. Vivian Weathers
  - Heather Mountz, N.C. Prevention Partners
  - Dr. Larry Watts, Clinton Medical Clinic

  (All speakers were in support of making Chantix a preferred product.)
- Discussion
  - The public comments provided were in support of changing Chantix to a preferred product.
  - Evidence supports the use of Chantix as an effective product to stop smoking.
  - A quantity limit of two-three month trials in a 12-month period was recommended.
- 26 comments were received during the 30-day comment period.
- The proposed statuses for this drug class reflect use of generic and most of the OTC nicotine replacement therapies. About 25% of our patients are using the nicotine patch and about 64% are using Chantix.
- First and second motions were made to approve the drug class with the following recommendations:
  - Allow Chantix to be a preferred product.
  - Impose a six-month quantity limit on Chantix.
- Vote: 7 in favor; 0 opposed

Note: Dr. Rich signed off the telephone call.

17/18. NARCOTICS – LONG ACTING AND LOZENGES

The long-acting narcotics and the narcotic lozenges were reviewed together since both of these drug classes have the same proposed prior authorization criteria. The short-acting CII narcotics are also included in the same prior authorization criteria even though these medications are not on the PDL due to lack of supplemental rebates. Duragesic is preferred; therefore, if a prescription is written for fentanyl patch, it can automatically be substituted with Duragesic.

- One speaker registered to speak on this drug class.

- Brian Howell, Endo Pharmaceuticals
  (In support of preferred product, Opana)

- Two comments were received during the 30-day comment period.
- Market share is primarily with generic products for both long-acting (>80%) and lozenges (>70%). In the proposal for the long acting narcotics, we are opening up coverage of certain brands – Duragesic, Kadian and Opana ER in addition to continuing to prefer generic morphine sulfate. For the lozenges, we are continuing to prefer generic fentanyl lozenges. It is important to note that brand Duragesic patch is preferred over generic fentanyl patch. The state MAC (maximum allowable cost) will be removed from the preferred brands when dispensed. A message at point-of-sale will also be generated to notify the pharmacist that the brand is preferred.
- Discussion
  - The brand products are preferred due to the supplemental rebates.
- First and second motions were made to approve the drug class as presented.
- Vote: 6 in favor; 0 opposed (Note: neither Dr. Rich nor Dr. Bush were on the telephone.)

19. <u>TRAMADOL PRODUCTS</u>

- Two speakers registered to speak for this drug class.
  - Dr. Howard Peckman, NC MH/DD/SAS
    (Regarding overutilization of tramadol products)
  - Dr. Melanie Crain, Johnson and Johnson
    (Regarding Nucynta as a non-preferred product)
- No comments were received during the 30-day comment period.
- 90% of the market share is with generic products. Proposed statuses support generic use. Recommend one change – removal of Nucynta from this list and add it to short-acting CII narcotics PA program since it is a CII opioid analgesic.
- Discussion
  - The reason why certain drugs (Zamicet) are listed separately is due to the supplemental rebates. A suggestion was made to list all of the analgesics in one group and to include the tramadol products.
  - A suggestion was to include generics with the list of preferred drugs to make this a more comprehensive list.
  - Nucynta and tramadol products should be considered opiates in the minds of the clinicians prescribing them and precautions need to be taken when prescribing these drugs.
  - The plan is to remove Nucynta from this group and include it with the CII prior authorization criteria.
  - A concern was raised to give a clear message about the risks of these drugs and not mislead by the labeling of the category.
  - Tylenol with codeine is a very cost effective analgesic that should be included on the PDL.
  - The drug classes listed on the PDL are the classes within the National Medicaid Pooling Initiative that the state gets rebates on. There are no supplemental rebates with the short-acting CII narcotics; therefore, they were not included on the PDL. Short acting CII narcotics have prior authorization criteria associated with them. This class can be added to the PDL, but there are limits as to how many and which drugs are listed on the drug file.
  - A suggestion was made to include an asterisk beside the addictive drugs to create an awareness about the addiction potential of this class.

- First and second motions were made to approve the drug class with the following recommendations:
    - Delineate the risk of tramadol, which may include an asterisk on the PDL as an educational point.
    - Add the short-acting CII narcotics as a drug class to the PDL
    - Remove Nucynta from the Tramadol category and add it to the short-acting CII narcotics drug class.
- Vote: 7 in favor; 0 opposed (Dr. Bush rejoined the meeting via telephone)

20. SUBOXONE

Suboxone is listed as preferred but with proposed prior authorization criteria associated with its use.

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- Approximately 1300 Medicaid patients are on Suboxone. The proposed criteria requires patients to have a diagnosis of opioid dependence, prescriptions must be written by physician who has an X DEA number, and physicians prescribing must review the Controlled Substances Reporting System database prior to writing an order for this medication. The proposed maximum daily dose is 24mg/day.
- Discussion:
    - There was strong support by the addiction community for the criteria.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed.

21/22. NSAIDS – COMBINATION AND NON-SELECTIVE

- NSAID combination and non-selective products were reviewed at the same time.
- No registered speakers for this class.
- One comment was received during the 30-day comment period.
- More than 75% of market share is with generic meloxicam. The proposal for this drug class supports use of generic products.
- Discussion
    - Generics NSAIDs are also preferred products in this drug class, but they are not included on the PDL. A suggestion was to list the common generics also as preferred products.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

23. ZAMICET

- No registered speakers for this class.
- No comments were received during 30-day comment period.
- This is a hydrocodone/acetaminophen liquid product. About 360 patients have used this medication. Access to this product could be obtained through the standard drug request form.
- Discussion
    - This drug could be included on a list of controlled analgesics.
    - Have a short-acting and long-acting controlled analgesics category, which could include this drug as well as the tramadol products.
- First and second motions were made to approve the drug class with the following recommendation:

- Regroup into clearer categories such as short-acting analgesics and long-acting analgesics.
- Vote: 7 in favor; 0 opposed

24. SKELETAL MUSCLE RELAXANTS
- No registered speakers for this class.
- Two comments were received during the 30-day comment period.
- The proposal is consistent with comments received about keeping Soma and Fexmid on PA – they are both proposed to be non-preferred products.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

25. TRIPTANS
- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- Around 50% of the market share is with the preferred products. The proposal supports generic use and keeps brand Maxalt as a brand alterntative. The proposal continues the quantity limits that are currently on this drug class, which are 12 doses per month.
- Discussion
  - The P&T Committee received a lot of input from specialty colleagues regarding the criteria.
  - All three formulations are included as preferred products.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

26. H.PYLORI COMBINATIONS
- One registered speaker for this drug class.
  - Dr. Adams Buser, Axcan Pharma

  (Consider Pylera a preferred product)
- No comments were received during the 30-day comment period.
- 82% of the market share is with PrevPac. 12% is with Pylera. About 6% is with Helidac.
- Discussion
  - Pylera does not include omeprazole. The dosing is three pills four times a day and omeprazole is given with the breakfast and dinner dose. This would require an additional prescription for omeprazole.
- First and second motions were made to approve the drug class as presented. A request was made to get peer-reviewed information comparing Pylera to PrevPak. If the information is compelling, this recommendation can be revisited at the next meeting.
- Vote: 7 in favor; 0 opposed

27. PROTON PUMP INHIBITORS
- No registered speakers for this class.
- Two comments were received during the 30-day comment period.
- Market share is more than 78% with proposed preferred products. It would have been more advantageous for the state financially to have omeprazole as a non-preferred product, but DMA accepted the P&T committee's recommendations to make this generic

preferred to avoid issues with generic substitution at the pharmacy level. 60% of the 78% market share is with generic prescription omeprazole.

- Discussion
  - There currently are exemption criteria for pregnancy and breastfeeding. These criteria have been in place for several years. When initially implemented, omeprazole had pregnancy and breastfeeding cautions associated with it. A recommendation was to see if the exemptions for pregnancy and breastfeeding are still relevant with the addition of Nexium as a preferred product. If not, the breastfeeding and pregnancy exemptions can be removed
  - Children less than six years are exempt because they cannot swallow pills, but neither can children who are seven or eight. It was suggested to increase the age up to 12 years since this would provide an option of chewable tablets or granules for those children who cannot swallow pills.
  - All the generics are not preferred due to the price of the non-preferred generics. The supplemental rebate on Nexium makes it less expensive than the generics. Currently there is a prior authorization on the generics, pantoprazole and lansoprazole.
  - There was concern regarding frequent changes of the supplemental rebate price for Nexium. The contracts that the manufacturers sign with the National Medicaid Pool are for three-year terms, so there should not be frequent changes. In the past, the manufacturers of Nexium have been consistent with their supplemental rebate offers.
  - In the future when preferred to non-preferred changes happen due to financial reasons, it may be beneficial to let the panel know that the change is due to a decrease in the supplemental rebate offer or the reason for the change.
  - If a patient is on Plavix and requires a proton pump inhibitor, the standard drug request form can be completed. With the current prior authorization criteria, if a patient is on Plavix this is an exemption for the PPI class. The panel agreed to leave the exemption criteria as recommended and not include Plavix as an exemption since this can be overridden if the standard drug request form is completed.
- First and second motions were made to approve the drug class with the following recommendations:
  - Change the age exemption in children from less than 6 years old to less than 12 years old.
  - Revisit the exemptions for pregnancy and breastfeeding. If this is no longer relevant with the addition of Nexium as a preferred product, this exemption can be removed.
  - Education is needed on the generic/brand differences.
- Vote: 7 in favor; 0 opposed

28. <u>HISTAMINE-2 RECEPTOR ANTAGONISTS</u>

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 90% of the market share is with the proposed preferred products.
- Discussion
  - Over-the-counter products are not covered in this class.
- First and second motions were made to approve the drug class as presented.
- Vote: 6 in favor; 0 opposed (Dr. Bright temporarily stepped out of the meeting)

29. PROGESTINS USED FOR CACHEXIA

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 78% of the market share is with the proposed preferred generic. The proposal supports generic use.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 6 in favor; 0 opposed (Dr. Bright temporarily stepped out of the meeting)

30. OPHTHALMIC ANTIHISTAMINES

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 84% of the market share is with preferred products.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 6 in favor; 0 opposed (Dr. Bright temporarily stepped out of the meeting)

31. OPHTHALMIC PROSTAGLANDIN AGONISTS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- Approximately 73% of the market share is with the preferred products.
- Discussion
    - Approved indications are very similar for each of the drugs in this class. Published studies did not show that one product was superior to another.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

32. OPHTHALMIC NONSTEROIDAL ANTIINFLAMMATORY PRODUCTS

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- Proposal supports the use of generics. Market share is primarily with Nevanac (20.4%), Acular LS (20%), and Xibrom (28%).
- Discussion
    - Generic products are the preferred products.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

33. OPHTHALMIC QUINOLONES

- No registered speakers for this class.
- No comments were received during the 30-day comment period.
- About 90% of the market share is with the preferred products. The proposal supports generics with the addition of brand Vigamox.
- There was no discussion by the panel.
- First and second motions were made to approve the drug class as presented.
- Vote: 7 in favor; 0 opposed

The meeting was adjourned at 5:00 p.m.